



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bernd Gugel, et al.

Examiner: John J. Wilson

Serial No.: 10/784,677

Art Unit: 3732

Filed: February 23, 2004

Docket: 10854ABCD

For: A MEDICINAL OR DENTAL
HAND INSTRUMENT

Dated: September 8, 2006

Confirmation No.: 1938

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action dated June 13, 2006, applicants respectfully request that the following amendments be entered into this application:

Amendments to the Specification begin on page 2 of this paper.

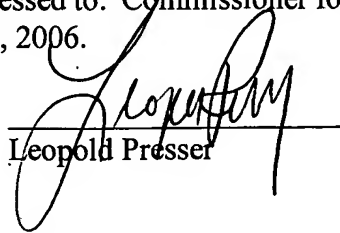
Amendments to the Claims are reflected in the listing of claims, which begins on page 6 of this paper.

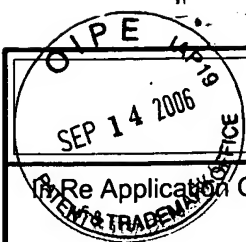
Remarks begin on page 10 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 8, 2006.

Dated: September 8, 2006


Leopold Presser



**TRANSMITTAL LETTER
(General - Patent Pending)**

Docket No.
10854ABCD

Re Application Of: **Bernd Gugel, et al.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/784,677	February 23, 2004	John J. Wilson	23389	3732	1938

Title: **A MEDICINAL OR DENTAL HAND INSTRUMENT**

COMMISSIONER FOR PATENTS:

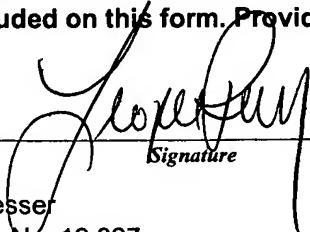
Transmitted herewith is:

**AMENDMENT UNDER 37 C.F.R. §1.111 INCLUDING A LETTER ENCLOSING A TERMINAL DISCLAIMER
AND A CHECK IN THE AMOUNT OF \$130.00 FOR THE TERMINAL DISCLAIMER FEE.**

in the above identified application.

- ☐ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. _____
as described below.
- ☐ Charge the amount of _____
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

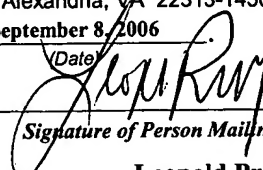
**WARNING: Information on this form may become public. Credit card information should not be
included on this form. Provide credit card information and authorization on PTO-2038.**


Signature


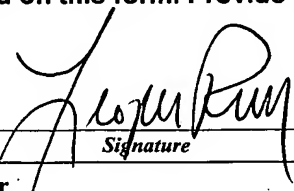
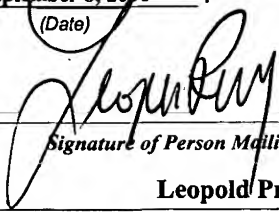
Dated: **September 8, 2006**

Leopold Presser
Registration No. 19,827

Scully, Scott, Murphy & Presser, P.C.
400 Garden City Plaza - Suite 300
Garden City, New York 11530
(516) 742-4343

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(Date)	
Signature of Person Mailing Correspondence	
Leopold Presser	
Typed or Printed Name of Person Mailing Correspondence	

cc: LP:jy

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 10854ABC	
Applicant(s): Bernd Gugel, et al.						
Application No. 10/784,677	Filing Date February 23, 2004	Examiner John J. Wilson	Customer No. 23389	Group Art Unit 3732	Confirmation No. 1938	
Invention: A MEDICINAL OR DENTAL HAND INSTRUMENT						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: September 8, 2006			
Leopold Presser Registration No. 19,827 Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza - Suite 300 Garden City, New York 11530 (516) 742-4343			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on September 8, 2006 (Date)  Signature of Person Mailing Correspondence Leopold Presser Typed or Printed Name of Person Mailing Correspondence			
cc: LP:jj						